

**UNITED STATES PATENT & TRADEMARK OFFICE**  
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND													
1 Date of Request: <u>6/30/05</u>		2 Serial/Patent # <u>10/530175</u>											
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED										
<input checked="" type="checkbox"/> Filing	<i>Change entity</i>												
<input type="checkbox"/> Amendment			\$ <u>500</u>										
<input type="checkbox"/> Extension of Time			\$										
<input type="checkbox"/> Notice of Appeal/Appeal			\$										
<input type="checkbox"/> Petition			\$										
<input type="checkbox"/> Issue			\$										
<input type="checkbox"/> Cert of Correction/Terminal Disc.			\$										
<input type="checkbox"/> Maintenance			\$										
<input type="checkbox"/> Assignment			\$										
<input type="checkbox"/> Other			\$										
		7 TOTAL AMOUNT OF REFUND											
		\$ <u>500</u>											
		8 TO BE REFUNDED BY: <u>CA</u>											
		Treasury Check											
9 REASON:		Credit Deposit A/C #:											
<input checked="" type="checkbox"/> Overpayment		<input checked="" type="checkbox"/>											
<input type="checkbox"/> Duplicate Payment		9 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>											
<input type="checkbox"/> No Fee Due (Explanation):													
11 REFUND REQUESTED BY:													
TYPED/PRINTED NAME: <u>Rita White</u>		TITLE: <u>Legal Assistant Examiner</u>											
SIGNATURE: <u>Rita White</u>		PHONE: <u>7308-9140-xt 231</u>											
OFFICE: <u>DO/EO</u>													
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****													
APPROVED: _____		DATE: _____											

*Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:*